CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

D	nere the hearing took place, with a copy of the form directed to the SPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:
_			11/15/17	11/16/17
Ŀ		6.	COUNTY/ORGANIZATION:	•
L _V			Sacramento County	
	Fair Hearing	7.	SUBJECT:	
	Other:		Complete Ineligibility	
R	EQUESTOR NAME:	8.	REFERENCES: (Include ACL NOTE: All requests must ha	JACIN, court cases, etc. in references) ave a regulation cite(s) and/or a reference(s).
. Р	HONE NO.:		FNS 310 Section 441	
. Я	EGULATION CITE(S):			
. 0	During a QC interview a client reports that she got benefits			
C	ection 441 case is totally ineligible. How should this be pro r should the review be considered terminated, and further	elem	nents are not necessar	y to complete?
10.	REQUESTOR'S PROPOSED ANSWER:			
			•	
	ANALE DOLLOW DECODAGE (CERR LICE CAN VI			
	STATE POLICY RESPONSE <i>(CFPB USE ONLY)</i> : When duplicate participation occurs, QC must review to th was correct in issuing those benefits to the HH.	e all	otment that was sampl	ed and determine whether the Agenc
	When duplicate participation occurs, QC must review to th	o Co s froi	unty B. The HH applie m County B. QC would	ed for CF benefits in County B, and
	When duplicate participation occurs, QC must review to the was correct in issuing those benefits to the HH. Example: HH applied in County A. Later, the HH moved to was approved. The allotment under review (sampled) was	o Co s froi term	unty B. The HH applie m County B. QC would inated the case.	ed for CF benefits in County B, and d cite a total ineligibility, because the
	When duplicate participation occurs, QC must review to the was correct in issuing those benefits to the HH. Example: HH applied in County A. Later, the HH moved to was approved. The allotment under review (sampled) was HH was not entitle to benefits in County B, until County A. Refer to the FNS 310, Section 844.2 for more examples. Required fields in RADEP: Complete all the fields listed of	o Co s from term	unty B. The HH appliem County B. QC would inated the case. Case Info, Shelter & E	ed for CF benefits in County B, and d cite a total ineligibility, because the Error Findings. Under Reporting
	When duplicate participation occurs, QC must review to the was correct in issuing those benefits to the HH. Example: HH applied in County A. Later, the HH moved to was approved. The allotment under review (sampled) was HH was not entitle to benefits in County B, until County A. Refer to the FNS 310, Section 844.2 for more examples. Required fields in RADEP: Complete all the fields listed to Requirements complete: 560-F001 & 560-S001.	o Co s from term	unty B. The HH applie m County B. QC would inated the case. Case Info, Shelter & E	ed for CF benefits in County B, and d cite a total ineligibility, because the Error Findings. Under Reporting